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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	19/829,669
	Filing Date	April 21, 2009
	First Named Inventor	WAYSBEYN Igor
	Title	Anastomosis System and Method
	Art Unit	3738
	Examiner Name	Cheryl Miller
	Attorney Docket Number	H308-001-PAT

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

83380

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Practitioner(s) Name	Registration Number
William H. Dippert	26,723

Please recognize or change the correspondence address for the above-identified application to:

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OR

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☐ Firm or Individual Name

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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature

[Signature]

Date

March 3rd 2009

Name

WAYSBEYN Igor, of 107 Abu Hillel Silver St., Flat 61, Haifa 32696, Israel

Telephone

+972 9 8490041

Title and Company

CTO, KOK Medical Ltd.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/828,668
	Filing Date	April 21, 2004
	First Named Inventor	VAYSBEYN Inna
	Title	Anastomosis System and Method
	Art Unit	3739
	Examiner Name	Cheryl Miller
	Attorney Docket Number	H308-001-PAT

I hereby revoke all previous powers of attorney given in the above-identified application.

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Practitioner(s) Name	Registration Number
William H. Dippert	26,723

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

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OR

☐ Firm or Individual Name: Eckert Seamans Cherin & Mellott, LLC

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City: Pittsburgh State: PA Zip: 15219-2788

Country: U.S.

Telephone: 412-566-6600 Email: IPmail@eckertseamans.com

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	March 3 rd 2009
Name	VAYSBEYN Inna, of 107 Abu Hilu Silver St, Flat 61, Haifa 33555, Israel	Telephone	+972 4 8490014
Title and Company	CEO, UDN Medical Ltd.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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